
HOUSE BILL 1512

State of Washington

59th Legislature

2005 Regular Session

By Representatives Morrell, Clibborn, Moeller, Cody, Green, Appleton, Roberts, Sommers, Blake, Schual-Berke, Flannigan, Sells, Kenney and Kagi

Read first time 01/26/2005. Referred to Committee on Health Care.

1 AN ACT Relating to incentives to improve quality of care in state
2 purchased health care programs; amending RCW 41.05.021 and 41.05.075;
3 and adding a new section to chapter 74.09 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 41.05.021 and 2002 c 142 s 1 are each amended to read
6 as follows:

7 (1) The Washington state health care authority is created within
8 the executive branch. The authority shall have an administrator
9 appointed by the governor, with the consent of the senate. The
10 administrator shall serve at the pleasure of the governor. The
11 administrator may employ up to seven staff members, who shall be exempt
12 from chapter 41.06 RCW, and any additional staff members as are
13 necessary to administer this chapter. The administrator may delegate
14 any power or duty vested in him or her by this chapter, including
15 authority to make final decisions and enter final orders in hearings
16 conducted under chapter 34.05 RCW. The primary duties of the authority
17 shall be to: Administer state employees' insurance benefits and
18 retired or disabled school employees' insurance benefits; administer
19 the basic health plan pursuant to chapter 70.47 RCW; study state-

1 purchased health care programs in order to maximize cost containment in
2 these programs while ensuring access to quality health care; and
3 implement state initiatives, joint purchasing strategies, and
4 techniques for efficient administration that have potential application
5 to all state-purchased health services. The authority's duties
6 include, but are not limited to, the following:

7 (a) To administer health care benefit programs for employees and
8 retired or disabled school employees as specifically authorized in RCW
9 41.05.065 and in accordance with the methods described in RCW
10 41.05.075, 41.05.140, and other provisions of this chapter;

11 (b) To analyze state-purchased health care programs and to explore
12 options for cost containment and delivery alternatives for those
13 programs that are consistent with the purposes of those programs,
14 including, but not limited to:

15 (i) Creation of economic incentives for the persons for whom the
16 state purchases health care to appropriately utilize and purchase
17 health care services, including the development of flexible benefit
18 plans to offset increases in individual financial responsibility;

19 (ii) Utilization of provider arrangements that encourage cost
20 containment, including but not limited to prepaid delivery systems,
21 utilization review, and prospective payment methods, and that ensure
22 access to quality care, including assuring reasonable access to local
23 providers, especially for employees residing in rural areas;

24 (iii) Coordination of state agency efforts to purchase drugs
25 effectively as provided in RCW 70.14.050;

26 (iv) Development of recommendations and methods for purchasing
27 medical equipment and supporting services on a volume discount basis;
28 ((and))

29 (v) Development of data systems to obtain utilization data from
30 state-purchased health care programs in order to identify cost centers,
31 utilization patterns, provider and hospital practice patterns, and
32 procedure costs, utilizing the information obtained pursuant to RCW
33 41.05.031; and

34 (vi) In collaboration with other state agencies that administer
35 state purchased health care programs, private health care purchasers,
36 health care providers, and carriers, use evidence-based medicine
37 principles to develop common performance measures and implement

1 financial incentives in contracts with insuring entities and providers
2 that:

3 (A) Reward improvements in health outcomes for individuals with
4 chronic diseases, increased utilization of preventive health services,
5 particularly for children, and reductions in medical errors; and

6 (B) Increase the adoption and use of information technology that
7 contributes to improved health outcomes, better coordination of care,
8 and decreased medical errors;

9 (c) To analyze areas of public and private health care interaction;

10 (d) To provide information and technical and administrative
11 assistance to the board;

12 (e) To review and approve or deny applications from counties,
13 municipalities, and other political subdivisions of the state to
14 provide state-sponsored insurance or self-insurance programs to their
15 employees in accordance with the provisions of RCW 41.04.205, setting
16 the premium contribution for approved groups as outlined in RCW
17 41.05.050;

18 ~~((To appoint a health care policy technical advisory committee~~
19 ~~as required by RCW 41.05.150;~~

20 ~~(g))~~ To establish billing procedures and collect funds from school
21 districts and educational service districts under RCW 28A.400.400 in a
22 way that minimizes the administrative burden on districts;

23 ~~((h))~~ (g) To publish and distribute to nonparticipating school
24 districts and educational service districts by October 1st of each year
25 a description of health care benefit plans available through the
26 authority and the estimated cost if school districts and educational
27 service district employees were enrolled; and

28 ~~((i))~~ (h) To promulgate and adopt rules consistent with this
29 chapter as described in RCW 41.05.160.

30 (2) On and after January 1, 1996, the public employees' benefits
31 board may implement strategies to promote managed competition among
32 employee health benefit plans. Strategies may include but are not
33 limited to:

34 (a) Standardizing the benefit package;

35 (b) Soliciting competitive bids for the benefit package;

36 (c) Limiting the state's contribution to a percent of the lowest
37 priced qualified plan within a geographical area;

1 (d) Monitoring the impact of the approach under this subsection
2 with regards to: Efficiencies in health service delivery, cost shifts
3 to subscribers, access to and choice of managed care plans statewide,
4 and quality of health services. The health care authority shall also
5 advise on the value of administering a benchmark employer-managed plan
6 to promote competition among managed care plans.

7 **Sec. 2.** RCW 41.05.075 and 2002 c 142 s 4 are each amended to read
8 as follows:

9 (1) The administrator shall provide benefit plans designed by the
10 board through a contract or contracts with insuring entities, through
11 self-funding, self-insurance, or other methods of providing insurance
12 coverage authorized by RCW 41.05.140.

13 (2) The administrator shall establish a contract bidding process
14 that:

15 (a) Encourages competition among insuring entities;

16 (b) Maintains an equitable relationship between premiums charged
17 for similar benefits and between risk pools including premiums charged
18 for retired state and school district employees under the separate risk
19 pools established by RCW 41.05.022 and 41.05.080 such that insuring
20 entities may not avoid risk when establishing the premium rates for
21 retirees eligible for medicare;

22 (c) Is timely to the state budgetary process; and

23 (d) Sets conditions for awarding contracts to any insuring entity.

24 (3) The administrator shall establish a requirement for review of
25 utilization and financial data from participating insuring entities on
26 a quarterly basis.

27 (4) The administrator shall centralize the enrollment files for all
28 employee and retired or disabled school employee health plans offered
29 under chapter 41.05 RCW and develop enrollment demographics on a plan-
30 specific basis.

31 (5) All claims data shall be the property of the state. The
32 administrator may require of any insuring entity that submits a bid to
33 contract for coverage all information deemed necessary including:

34 (a) Subscriber or member demographic and claims data necessary for
35 risk assessment and adjustment calculations in order to fulfill the
36 administrator's duties as set forth in this chapter; and

1 (b) Subscriber or member demographic and claims data necessary to
2 implement performance measures or financial incentives related to
3 performance under subsection (7) of this section.

4 (6) All contracts with insuring entities for the provision of
5 health care benefits shall provide that the beneficiaries of such
6 benefit plans may use on an equal participation basis the services of
7 practitioners licensed pursuant to chapters 18.22, 18.25, 18.32, 18.53,
8 18.57, 18.71, 18.74, 18.83, and 18.79 RCW, as it applies to registered
9 nurses and advanced registered nurse practitioners. However, nothing
10 in this subsection may preclude the administrator from establishing
11 appropriate utilization controls approved pursuant to RCW 41.05.065(2)
12 (a), (b), and (d).

13 (7) The administrator shall, in collaboration with other state
14 agencies that administer state purchased health care programs, private
15 health care purchasers, health care providers, and carriers, use
16 evidence-based medicine principles to develop common performance
17 measures and implement financial incentives in contracts with insuring
18 entities and providers that:

19 (a) Reward improvements in health outcomes for individuals with
20 chronic diseases, increased utilization of preventive health services,
21 particularly for children, and reductions in medical errors; and

22 (b) Increase the adoption and use of information technology that
23 contributes to improved health outcomes, better coordination of care,
24 and decreased medical errors.

25 NEW SECTION. Sec. 3. A new section is added to chapter 74.09 RCW
26 to read as follows:

27 The secretary shall, in collaboration with other state agencies
28 that administer state purchased health care programs, private health
29 care purchasers, health care providers, and carriers, use evidence-
30 based medicine principles to develop common performance measures and
31 implement financial incentives in contracts with insuring entities and
32 providers that:

33 (1) Reward improvements in health outcomes for individuals with
34 chronic diseases, increased utilization of preventive health services,
35 particularly for children, and reductions in medical errors; and

36 (2) Increase the adoption and use of information technology that

1 contributes to improved health outcomes, better coordination of care,
2 and decreased medical errors.

--- END ---